

# Trauma-Related Stress: Some Warning Signs

People who have experienced a traumatic event often suffer psychological stress related to the incident. Generally, these are normal reactions to the traumatic event. Individuals who feel they are unable to regain control of their lives, or who experience the following symptoms for more than a month, should consider seeking professional assistance.

## Characteristics of a Critical Incident

- Recurring thoughts or nightmares about the event.
- Having trouble sleeping or changes in appetite.
- Experiencing anxiety and fear, especially when exposed to event or situations reminiscent of the trauma.
- Being on edge, being easily startled or becoming overly alert.
- Feeling depressed, sad and having low energy.
- Seeking relief through alcohol, drugs and/or tobacco.
- Experiencing memory problems including difficulty in remembering aspects of the trauma.
- Feeling "scattered" and unable to focus on work or daily activities. Having difficulty making decisions.
- Feeling irritable, easily agitated, or angry and resentful.
- Feeling emotionally "numb," withdrawn, disconnected or different from others.
- Spontaneously crying, feeling a sense of despair and hopelessness.
- Feeling extremely protective of, or fearful for, safety of loved ones.
- Not being able to face certain aspects of the trauma, and avoiding activities, places, or even people that remind you of the event.

## Common Symptoms After a Traumatic Event

After experiencing a traumatic event, it is very common, in fact quite normal, for people to experience a wide range of emotional or physical reactions. These responses may appear immediately after the event or some time later. They may last for a few days, a few weeks, or even longer. Don't worry -- these are normal reactions to an abnormal situation. It's important to understand that, like the symptoms of the flu, your reactions to trauma will run their course and you will feel better in time.

The following are some of the most common symptoms

### Feelings

- Fear
- Agitation
- Anxiety
- Depression, sadness, grief
- Feeling hopeless or helpless
- Feeling numb
- Irritability
- Feeling overwhelmed
- Inappropriate emotional response
- Anger

- Guilt, survivor guilt
- Denial

## Behaviors

- Increased consumption of alcohol or other Chemicals
- Hyper-alert to environment
- Suspiciousness
- Emotional outbursts, loss of control
- Changes from typical behavior
- Avoiding thoughts, feelings, or situations related to the event
- Changes in communication
- Changes in sexual behavior
- Social withdrawal or silence
- Loss or increase of appetite
- Inability to rest

## Thoughts

- Confusion
- Difficulty concentrating and making decisions
- Memory problems
- Shortened attention span
- Preoccupation with the event
- Flashbacks
- Hyper-vigilance
- Overly sensitive

## Physical

- Nausea/diarrhea
- Shallow breathing
- Feeling uncoordinated
- Twitches or tremors
- Dizziness or faintness
- Easily startled
- Fatigue
- Changes in appetite
- Sleep disturbances and nightmares
- Headaches
- Grinding teeth

# Possible Alcohol and Substance Abuse Indicators

The following indicators or warning signs are associated with alcohol and drug addiction, as well as a variety of physical and mental disorders. These are offered to raise a general awareness of the need to focus on alcohol and drug use within a crisis counseling session. They are not meant to substitute for a screening or qualified clinical assessment.

## Personal Attitude/Behavior Indicators

- Has one or more arrests for DUI; for drug use in public places; or for possession, delivery, or sale of illegal drugs
- Arrives for appointments, interviews, or meetings intoxicated
- Talks about getting high, uses vocabulary typical among drug users
- Frequently goes "on and off-the-wagon"
- Behaves in an uncharacteristic, impulsive, or inappropriate manner
- Is increasingly angry or defiant
- Overreacts to ordinary circumstances and problems, advice and criticism
- Is uncharacteristically isolated and withdrawn
- Is secretive concerning behaviors or whereabouts
- Denies, lies, or covers up
- Loses interest in hobbies and activities
- Takes unnecessary risks or acts in a reckless manner
- Breaks or bends rules, cheats
- Has increasing financial problems (may borrow or steal from family and friends)
- Has increasing legal problems/arrests (e.g., domestic abuse, disorderly conduct, assault arrests, or outstanding warrants)
- Misses interviews, appointments, or meetings
- Fails to comply with program requirements without easily verifiable reasons (may be verbally uncooperative to disguise the problem or divert attention)

## Cognitive/Mental Indicators

- Has difficulty concentrating, focusing, or attending to a task
- Frequently appears distracted or disoriented
- Makes inappropriate or unreasonable choices
- Has difficulty making decisions
- Experiences short-term memory loss
- Experiences blackout
- Often needs directions repeated
- Has difficulty recalling known details

Needs repeated assistance completing ordinary paperwork (e.g. application forms)

## Physical/Emotional Indicators

- Has smell of alcohol on breath or marijuana on clothing
- Has burned fingers, burns on lips, or needle track marks on arms
- Slurs speech or stutters, is incoherent
- Has difficulty maintaining eye contact
- Has dilated (enlarged) or constricted (pinpoint) pupils
- Has tremors (shaking or twitching of hands and eyelids)
- Is hyperactive and overly energetic
- Appears lethargic or falls asleep easily
- Experiences sleep disturbances (e.g., insomnia, chronic fatigue)
- Exhibits deteriorating personal hygiene, grooming, and posture
- Exhibits impaired coordination or unsteady gait (e.g., staggering, off balance)
- Speaks more rapidly or slowly than normal

- Has frequent injuries or bruises and seeming unreasonable explanations
- Has chronic illnesses requiring doctors visits or hospitalization
- Experiences wide mood swings (highs and lows)
- Experiences general change in mood toward a more depressed and negative or critical outlook
- Appears fearful or anxious; experiences panic attacks
- Appears impatient, agitated, or irritable
- Experiences ongoing depression
- Has paranoid thoughts

## On the Job Indicators

- Demonstrates periods of extreme high or low productivity
- Makes frequent performance mistakes
- Gives questionable excuses or blames others for poor performance
- Has difficulty adhering to schedules and timeliness
- Misses meetings and scheduled activities
- Lodges numerous complaints or grievances
- Is frequently tardy
- Uses excessive sick leave with poor excuses
- Takes long lunch hours and breaks
- Returns to work after breaks in a noticeably changed condition
- Avoids supervisors and coworkers
- Violates company policies and procedures

## Grief and Loss

### Denial

- A period of numbness and shock.
- The slow realization of what happened and the beginning of adjusting to reality.

### Anger and Guilt

- Grief gives rise to a variety of feelings as the shock wears off.
- Feelings of anger at the person you lost, the cause of loss, etc.
- Guilt for surviving.

### Sadness and Despair

- There are varying degrees of sadness, loneliness and yearning.
- Using alcohol and drugs to avoid feelings.
- Tears, sadness, thinking about loss, reaching out to others are all essential for healing.

### Acceptance and Hope

- Gradually accepting your loss and adjusting to the changes it brings.

- Gradual beginning of hope for a stronger and wiser future.
- Understanding that this takes time and is painful.

## Aftermath

- Just when you think you are over your loss, reminders can plunge you into another wave of grief.
- These waves of grief gradually become smaller, less frequent and easier to deal with over time.

# What is Post-Traumatic Stress Disorder?

Post-traumatic stress disorder, often called PTSD, is a condition that sometimes occurs after an individual has gone through an intense and disastrous experience. PTSD is actually a group of symptoms that may develop in the aftermath of a natural disaster such as a tornado, or a man-made disaster such as the Oklahoma City bombing or the attacks on the Pentagon and the World Trade Center. Symptoms may show up right away, but often they do not appear until weeks or months after the event. Having these symptoms does not mean that a person is mentally ill -- it simply means that he or she is having a normal response to an overwhelmingly tragic situation.

## After Disaster: A Guide for Parents and Teachers

Natural disasters such as tornados, or man-made tragedies such as the Oklahoma City bombing or the disasters at the Pentagon and the World Trade Center, can leave children feeling frightened, confused, and insecure. Whether a child has personally experienced trauma or has merely seen the event on television or heard it discussed by adults, it is important for parents and teachers to be informed and ready to help if reactions to stress begin to occur. Children respond to trauma in many different ways. Some may have reactions very soon after the event; others may seem to be doing fine for weeks or months, then begin to show worrisome behavior. Knowing the signs that are common at different ages can help parents and teachers to recognize problems and respond appropriately.

### Preschool Age

Children from one to five years in age find it particularly hard to adjust to change and loss. In addition, these youngsters have not yet developed their own coping skills, so they must depend on parents, family members, and teachers to help them through difficult times. Very young children may regress to an earlier behavioral stage after a traumatic event. For example, a preschooler may resume thumb sucking or bedwetting or may become afraid of strangers, animals, darkness, or "monsters." He may cling to a parent or teacher or become very attached to a place in which he feels safe.

Changes in eating and sleeping habits are common, as are unexplainable aches and pains. Other symptoms to watch for are disobedience, hyperactivity, speech difficulties, and aggressive or withdrawn behavior. Preschoolers may tell exaggerated stories about the traumatic event or may speak of it over and over.

### Early Childhood

Children aged five to eleven may have some of the same reactions as younger boys and girls. In addition, they may withdraw from play groups and friends, compete more for the attention of parents, fear going to school, allow school performance to drop, become aggressive, or find it

hard to concentrate. These children may also return to "more childish" behaviors; for example, they may ask to be fed or dressed.

## **Adolescence**

Children twelve to fourteen are likely to have vague physical complaints when under stress and to abandon chores, school work, and other responsibilities they previously handled. While on the one hand they may compete vigorously for attention from parents and teachers, they may also withdraw, resist authority, become disruptive at home or in the classroom, or even begin to experiment with high-risk behaviors such as drinking or drug abuse. These young people are at a developmental stage in which the opinions of peers are very important. They need to be thought "normal" by their friends and are less concerned about relating well with adults or participating in recreation or family activities they once enjoyed.

In later adolescence, teens may experience feelings of helplessness and guilt because they are unable to assume full adult responsibilities as the community responds to the disaster. Older teens may also deny the extent of their emotional reactions to the traumatic event.

## **How To Help**

Reassurance is the key to helping children through a traumatic time. Very young children need a lot of cuddling, as well as verbal support. Answer questions about the disaster honestly, but don't dwell on frightening details or allow the subject to dominate family or classroom time indefinitely. Encourage children of all ages to express emotions through conversation, drawing, or painting and to find a way to help others who were affected by the disaster.

Try to maintain a normal household or classroom routine and encourage children to participate in recreational activity. Reduce your expectations temporarily about performance at school or at home, perhaps by substituting less demanding responsibilities for usual chores.

Finally, acknowledge that you, too, may have reactions associated with the traumatic event, and take steps to promote your own physical and emotional healing.